

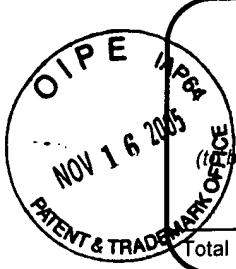
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Approved for use through 10/31/2002. OMB 0651-0031

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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

3

Application Number	10/786,502
Filing Date	February 24, 2002
First Named Inventor	Shennib
Group Art Unit	2643
Examiner Name	Harvey, D. N.

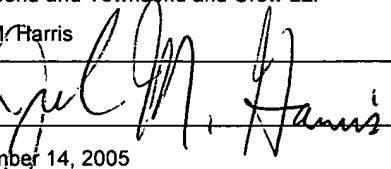
Attorney Docket Number 022176-000210US

## ENCLOSURES (check all that apply)

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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Revocation of Power of Attorney(POA) with new POA and Change of Correspondence Address and Statement Under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Joel M. Harris	
Signature		
Date	Reg. No. 44,743 November 14, 2005	

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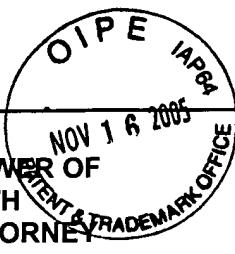
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**REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**



Application Number	10/786,502
Filing Date	February 24, 2002
First Named Inventor	Shennib
Art Unit	2646
Examiner Name	Harvey, D.
Attorney Docket Number	022176-000210US

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number:

**20350**

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

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**OR**

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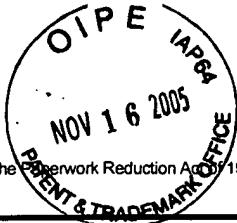
Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	<i>Susan Whichard</i>		
Signature	<i>Susan Whichard</i>		
Date	<i>November 1, 2005</i>	Telephone	<i>510 792 4000</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of    forms are submitted.



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Attorney Docket No. 011823-012210US

### STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: InSound Medical, Inc.

Application No./Patent No.: 10/786,502 Filing Date: February 24, 2004

Entitled: Canal Hearing Device With Tubular Insert

InSound Medical a Corporation

(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of less than the entire right, title and interest.

The extent (by, percentage) of its ownership interest is        %

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015015, Frame 0300.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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Additional documents in the chain of title are listed on a supplemental sheet.

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

11-02-05  
Date  
510 792 4000  
Telephone number

Susan Whichard  
Typed or printed name,  
Susan Whichard  
Signature  
Vice President  
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.